



Community Association Manager Transfer to New Firm/Activate Inactive License

This application will become effective within approximately 7 to 10 days of receipt of the properly completed form and fee by the Colorado Division of Real Estate.

Section 1. Personal Information

First Name	M.I.	Last Name	Maiden Name	
Email Address			SSN (required, 24-34-107 C.R.S.)	
Date of Birth	Place of Birth		License #	
Physical Address		City	State	Zip Code
Home Phone	Mobile Phone			
Mailing Address (if different from above)		City	State	Zip Code

Please make the changes and issue my license as indicated in this application. I declare under penalty of perjury that, unless exempt, I have complied with the continuing education requirements listed within CAM Rule B and have complied with the errors and omissions insurance and crime fidelity requirements listed in 12-61-1004 C.R.S. and CAM Rules D-9 & D-10.

APPLICANT SIGNATURE _____ **DATE** _____

Section 2: Designated Manager Information

First Name	MI	Last Name	License Number	
Entity Name			Entity License #	
Entity Address		City	State	Zip Code
Business Phone				

This section must be completed by the designated manager. By signing below, I am attesting to the fact that I am currently an active licensed community association manager by whom the above applicant is to be employed. I certify that pursuant to Rule F-8, I have informed this applicant of the written policy describing the duties and responsibilities of licensees, and I will properly supervise this employee during their employment with me.

DESIGNATED MANAGER SIGNATURE _____ **DATE** _____